# LD9000069300

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D. BRUCE OCT 18 2016

# **COVER LETTER**

TO:		ation Secti of Corpo			• .		
CUDII		Consultir	ng Group, LLC				
SUBJI			Name of Limit	ted Liability Company			
The en	closed Art	icles of Ar	nendment and fee(s) are subm	nitted for filing.			
Please	return all o	correspond	ence concerning this matter t	to the following:			
			Jamie Torrealba				
				Name of Person			
			JTA Consulting Group, LL	С			
				Firm/Company			
			110 N Dixie Hwy				
				Address	· · · · · · · · · · · · · · · · · · ·		
			Stuart, FL 34994				
				City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
			jamie.torrealba@gmail.com		· · · · · · · · · · · · · · · · · · ·	•	
For fur	ther inform	nation con	E-mail address: (to cerning this matter, please ca	o be used for future annual rep ll:	oort notification)	2016 00	~7]
Jamie '	Torrealba			305 433-0	)556 S		one Fridans gradinanse
Enclos	ed is a che	Name of P	erson following amount:	Area Code	Daytime Telephone Number.	P # 21	
\$2:	5.00 Filing	; Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Statu	

### MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JTA Consulting Group, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900069300</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	110 N DIXIE HW STUART FL 349	914
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:	Φ1: (5)	of Tabled up
New Registered Office Address:	Enter Florida street address	
<del>-,-,</del>	, Flèrida City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM Aid	Aida Torrealba	1007 NW 13th St	
		······································	■ Remove
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			Add
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		***************************************	Remove
			Change

PLEASE CHANGE TITLE OF REMAINING MEMBEL TAME TORREACH FROM THE OUTDATED "MGRM" TO "MGR"  THANS,  JAMIE TORREACH  (If an effective date, if other than the date of filing: (If an effective date is sized, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Paquant to 603,0207 (3)() Note; If the date inserted in this block does not meet the applicable statutory (Ifing requirements, this date will not be the document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated October 3rd  Signature of a member or authorized representative of a member  Jamie Torrealba  Typed or printed name of signee	). If amending any other informat	ion, enter change(s) here: (Attach additional sheets, if necessary.)
Dated October 3rd  Dated October 3rd  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Jamie Torrealba	PLEASE CH	1ANGE TITLE OF KEMAINING
Dated October 3rd  Dated October 3rd  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Jamie Torrealba	Membel J	TAMIE TORREALBA FROM THE
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Jamie Torrealba	Dated	
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	THE STATE OF THE S	Signature of a member or authorized representative of a member
	Jamie Tawaalha	
	Jame Torrearda	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00